

APPLICATION FOR LAND COMBINATION

City of Swartz Creek (An Equal Opportunity Employer) 8083 Civic Drive Swartz Creek, MI 48473 810-635-4464

Date:	File No:			
Fee Paid:	**Fee of \$150.00/Add \$5 for each parcel			
Applicant Name:				
Address:				
City:	State: Zip:			
Phone:	Email Address:			
Signature of Applicant:	Date:			
Property Owner Name:	* * *			
Address:				
City:	State: Zip:			
Phone:	Fax:			
	Date:			
Parcel(s) of Land to be Combine	ed:			
Address One:				
Parcel ID No.:	Zoning:			
	* * *			
Address Two:				
Parcel ID No.:	Zoning:			
Address Three:	* * *			

3/9/2022 1

Parcel ID No.:		Zoning:	
*	*	*	
Address Four:			
Parcel ID No.:		Zoning:	
*	*	*	
Address Five:			
Parcel ID No.:		Zoning:	
Attached information for additional pa	rcels.		00/
Affidavit and permission for City inspections:	Officials	to enter the	property for
I/We hereby agree the statements in true this application and any approx above listed parcel's be combined in The parcels are owned and occupie	val will be into one p	void. I/We he arcel for the u	ereby request that the
Signature of Applicant:			Date:
Signature of Property Owner:	W.		Date:
*	*	*	
For Assessing Depart	ment (Only	
Approved: YES NO			
New Parcel Number: 58			
Comments:			
0:			D.
Signature of Accessor			Data:

3/9/2022